

RHODE ISLAND DEPARTMENT OF HEALTH

Application for Utilization Review Agencies Assurances

Citations refer to the *Rules and Regulations for the Utilization Review of Health Care Services (R23-17.12-UR)*.

I am aware of Chapter 23-17.12 of the General Laws of the state of Rhode Island, as amended, and the standards, rules and regulations prescribed thereunder, which regulate the operation of utilization review agencies. If certification is granted, I agree to the following:

1. To comply with all statutory and regulatory requirements.
2. To adhere to any and all applicable state and federal laws.
3. That all policies/procedures presented in this application for utilization review certification are consistent and comply with Chapter 23-17.12 of the General Laws of the State of Rhode Island and the *Rules and Regulations for the Utilization Review of Health Care Services (23-17.12-UR)* and approved by the governing body/CEO, and have been or will be implemented and incorporated into applicant's operations throughout the certification period unless modified according to UR section 3.3.
4. That applicant provides no financial incentives linked to care restriction, adverse determinations, or appeal denials.
5. That any treatment decision is the responsibility of the patient and his/her provider.
6. That any proposed change to the attached application information, or that information on file at the Rhode Island Department of Health (Department), will be provided for review prior to the implementation of such proposed change (such changes shall include the scope of utilization review services provided and changes in third party payors/entities for which the review agent is performing utilization review in Rhode Island).
7. That the applicant hereby submits this application with attached materials as required under RIGL 23-17.12.

Person authorized by applicant to provide the above assurances in connection with the utilization review agency's certification application:

Signature: _____

Title: _____ **Date:** _____

For the utilization review agency named: _____

State of (.....)

County of (.....)

*In....., in said county on this day ofA.D. 20....., personally appeared before me.....
Of.....who, after signing the foregoing ownership report in my presence, made oath that the facts stated in said report are true.*

NOTARY PUBLIC